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Atty Dkt No. 0800-0034.01  
USSN: 09/559,327  
PATENT

16358

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10/16/03  
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*[Signature]*  
Signature

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

DURING

Confirmation No.: 1919

Serial No.: 09/559,327

Art Unit: 1635

Filing Date: June 19, 2002

Examiner: B. Whiteman

Title: ORAL DELIVERY OF ADENO-ASSOCIATED VIRAL VECTORS

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of April, 16, 2003.

X Applicants request an extension of time for three months from July 16, 2003 to October 16, 2003. Enclosed is a check to cover the \$475 fee.

   No additional fee is required.

X Also enclosed is a Return Postcard.

| No. of Claims After Amendment                                       |    |   | Most Claims Previously Paid |   |  | Extra Claims |   |       | Additional Fee |     |
|---|----|---|-----------------------------|---|--|--------------|---|-------|----------------|-----|
| A. Total Claims   | 10 | - | 20                          | = |  | 0            | x | \$18  | =              | \$0 |
| B. Ind. Claims  | 1  | - | 3                           | = |  | 0            | x | \$86  | =              | \$0 |
| C. If amended to contain multiple dependent claims, add 280         |    |   |                             |   |  |              |   | \$290 | =              | \$0 |
| D. Total Amendment Fee (Total of A, B & C)                          |    |   |                             |   |  |              |   |       | =              |     |
| E. If small entity, 50% reduction of Total Amendment Fee (50% of D) |    |   |                             |   |  |              |   |       | =              |     |
| F. Total Amendment Fee (D minus E)                                  |    |   |                             |   |  |              |   |       | =              | \$0 |

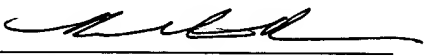
\_\_\_ A check for \$ \* to cover the extra claims fee is attached.

\_\_\_ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 10/16/03

By:   
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